

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013830

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3445

STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis, MissouriLength of stay in 1b  
1 dayc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Barnes HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Illinois b. COUNTY St. Clair

c. CITY OR TOWN E. St. Louis

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
1303 Missouri AveReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Dorothy Simms4. DATE OF DEATH Month Day Year  
March 23, 19635. SEX  
Female6. COLOR OR RACE  
Negro7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒8. DATE OF BIRTH  
10-20-269. AGE (last birthday)  
36IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
510a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housework10b. KIND OF BUSINESS OR INDUSTRY  
At home11. BIRTHPLACE (City and state or country)  
E. St. Louis, Ill.,12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

unknown

13b. MOTHER'S MAIDEN NAME

Josephine Steele

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charley Steele 1637 Gaty

18. CAUSE OF DEATH (Enter only one cause of death)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Intracerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH  
18 hrs.

DUE TO (b)

Hypertension

10 years.

DUE TO (c)

331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/22/63 to 3/23/63 and last saw her alive on 3/23/63  
Death occurred at 1:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

3- 29 -63

Booker Washington

Centerville, Illinois

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

NASH FUNERAL HOME

111 N. 13th St.

MAR 25 1963

Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATE

DATE AMENDED

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

1

2 8/20/7

3 2

4 3

5 3

6

7 1

8 1

9

10

11

12 52-0

13

52

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Mr. James J. Smith*

Licensed Embalmer No.

*4434*

P. O. Address

*1117 13th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.